



HOME Tenant Based Rental Assistance

VERIFICATION OF SOCIAL SECURITY

RE: _____ Social Security Number: _____

Applicant's Name (print) _____

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify the income of program participants. **Please complete all the information below.** Thank you for your assistance.

By signing below I authorize the Social Security Administration to release my benefit information.

Participant's Signature _____ Date _____

Benefit Amount:

Type of Benefit (check):

Gross Social Security benefit monthly \$ _____ Retirement \$ _____

Gross Supplemental Security Income Monthly \$ _____ Participant Disability \$ _____

Amount deducted for Medicare \$ _____ Widow(er) \$ _____

Date benefits began: _____ Date ended: _____ Children \$ _____

Date monthly distributions began _____

Was a lump sum paid? ☐ Yes ☐ No If yes, please list amount \$ _____

Status of Application: ☐ Claim is pending ☐ No record ☐ Other: _____

I certify that this information is accurate.

Signature _____ Name (print) _____

Title _____ Date _____

Agency _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Please return form to:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.